Sexual Risk Assessment and Intervention

(March 2010)

Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)

Navy and Marine Corps Public Health Center

Ensure Navy and Marine Corps readiness through leadership in prevention of disease and promotion of health.

SHARP Vision

A Department of Navy cultural norm in which sexual responsibility and safety

are encouraged, supported and expected,

and a population in which

all pregnancies are planned,

syphilis is eliminated,

and other sexually transmitted infections, including HIV,

are prevented.

SHARP Moto

“Chart a Safe Course” – affirms that each individual has the right and responsibility to make choices about their health and that sexual health decision-making is a lifelong and dynamic process because a person’s circumstances and relationships may change over time

- Risk awareness
- Health information
- Health education
- General military education
- Condom access

- Screening/testing
- Risk assessment
- Risk reduction messages
- Health information
- Health education
- HIV and chlamydia screening
- Hepatitis B vaccination
- Contraception and emergency contraception access
- Condom access
- Treatment
- Disease reporting
- Partner referral/treatment

- Health education - value-based messages
- Individual guidance and support

- Leadership example
- Organizational climate/norms
- Risk awareness
- General military education
- Condom access

- Risk reduction counseling
- Health information
- Health education
- Condom access
- Partner referral
- Surveillance and reporting

Partners in Navy and Marine Corps Sexual Health

Educators, Instructors and Health Promoters

Clinicians and clinical staff Preventive Medicine

Leaders, peers, and organizations Chaplain Corps

STI Trends

- **Over 50,000 new HIV infections in the US annually**
- **1 in 200 American adults in living with HIV today**
- **In 2006, 27% of new HIV cases in the US were females – 73% were infected heterosexually.**
- **In 2004, AIDS was the 3rd leading cause of death in black women aged 25-44**
- **In 2002, 35 percent of recent births were unintended at time of conception (839,226 legal induced abortions in 2004)**
- **U.S. has the highest STI rate in the industrialized world**

"Curable" STIs

- Chlamydia: 3 Million
- Gonorrhea: 650K
- Syphilis: 70K
- Trichomonas: 5 Million

Chronic STIs

- **Herpes Simplex-2**
  - 1 million new cases/yr.
  - 45 million infected
- **HPV**
  - 5.5 million new cases/yr.
  - 20 million actively shedding virus
- **Hepatitis B**
  - 77 K new cases/yr.
  - 750 K chronic (sexual transmission)
- **HIV**
  - 56 K new cases/yr.
  - 900 K AIDS in US
  - 5000 Sailors and Marines

STIs: What are the costs?

- 19 million new STIs annually
- Direct medical costs of $10 Billion
- Indirect costs
  - Pain and suffering
  - Physical and emotional trauma

Impact of STIs on US Population

- Infants
  - premature, low birth weight, conjunctivitis, pneumonia, congenital defects
- Women
  - infertility, tubal pregnancy, cervical cancer
- Teens and Young Adults
  - higher STI rate
  - young females: immature cervix

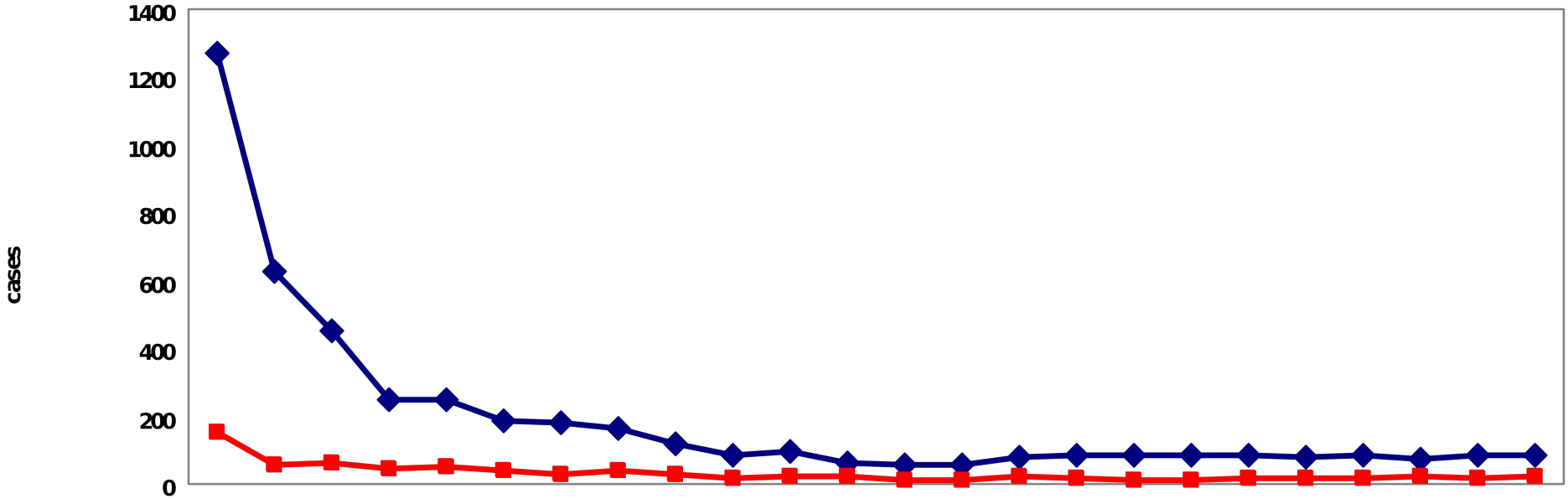
HIV, STIs, and Unplanned Pregnancy in the Navy and Marine Corps

some data…

Navy and Marine Corps Public Health Center

Newly Identified HIV Positive Active Duty Sailors and Marines by Year

source: Navy HIV Central, unpublished data

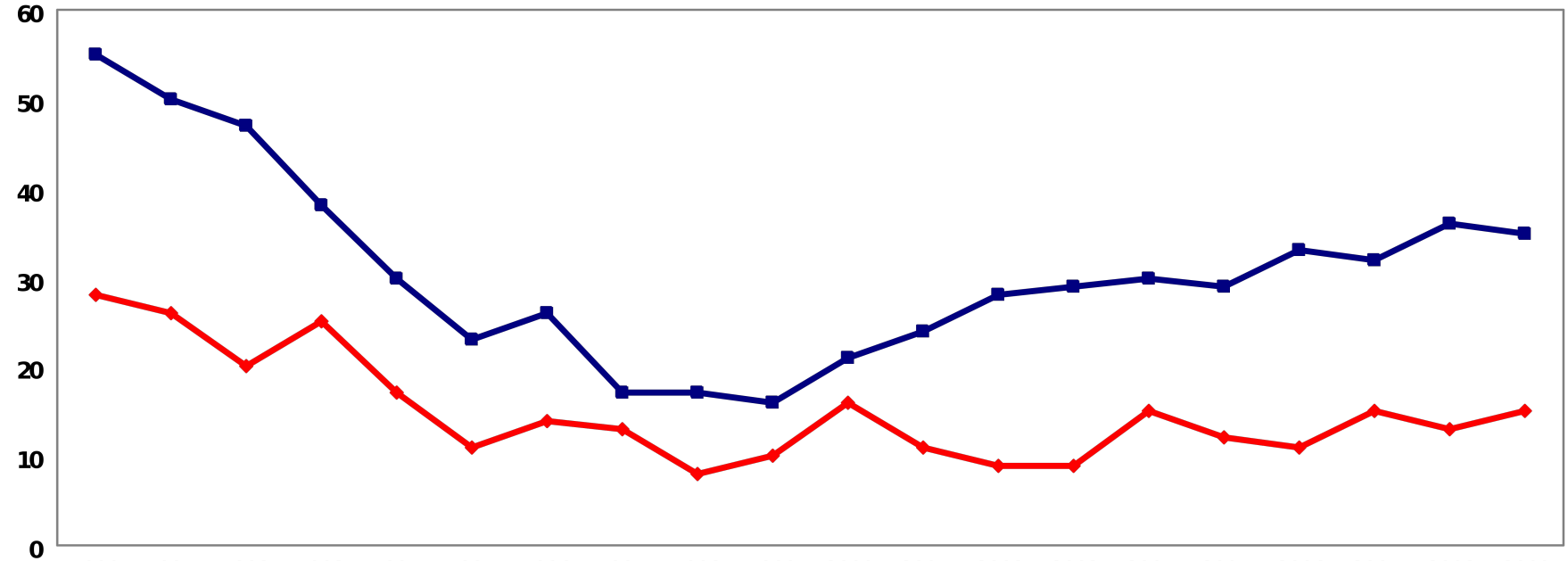


	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
usn	1271	626	453	249	249	186	183	161	118	87	94	61	58	57	77	85	84	87	84	79	85	75	87	84
usmc	155	58	64	43	49	37	29	41	28	18	22	22	13	14	23	16	13	13	18	16	15	20	16	21

Navy and Marine Corps Public Health Center

HIV Seroconversion Rates per 100,000 Active Duty Sailors and Marines Tested

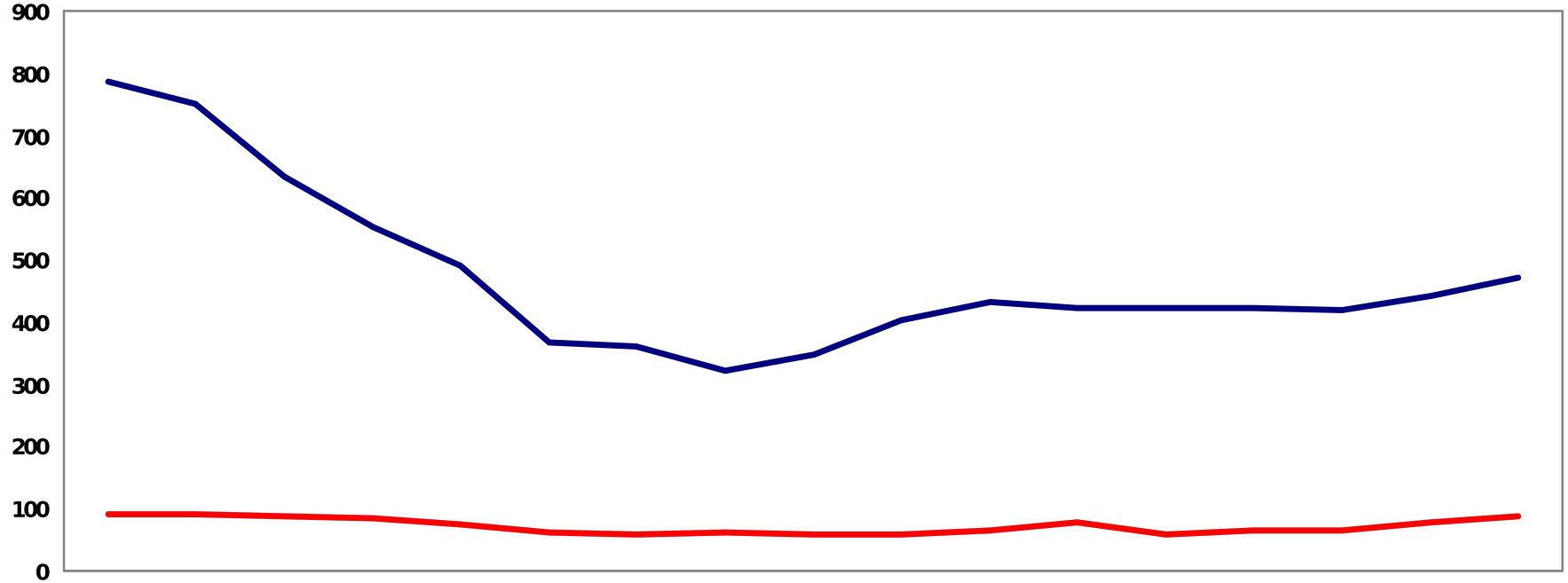
source: Navy HIV Central, unpublished data



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
USMC	28	26	20	25	17	11	14	13	8	10	16	11	9	9	15	12	11	15	13	15
Navy	55	50	47	38	30	23	26	17	17	16	21	24	28	29	30	29	33	32	36	35

Navy and Marine Corps Public Health Center

HIV Positive Sailors and Marines on Active Duty by Year



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
usn	785	751	634	551	492	368	360	322	347	402	433	424	422	422	420	442	470
usmc	91	91	88	86	76	62	57	63	60	59	66	77	58	65	66	79	89

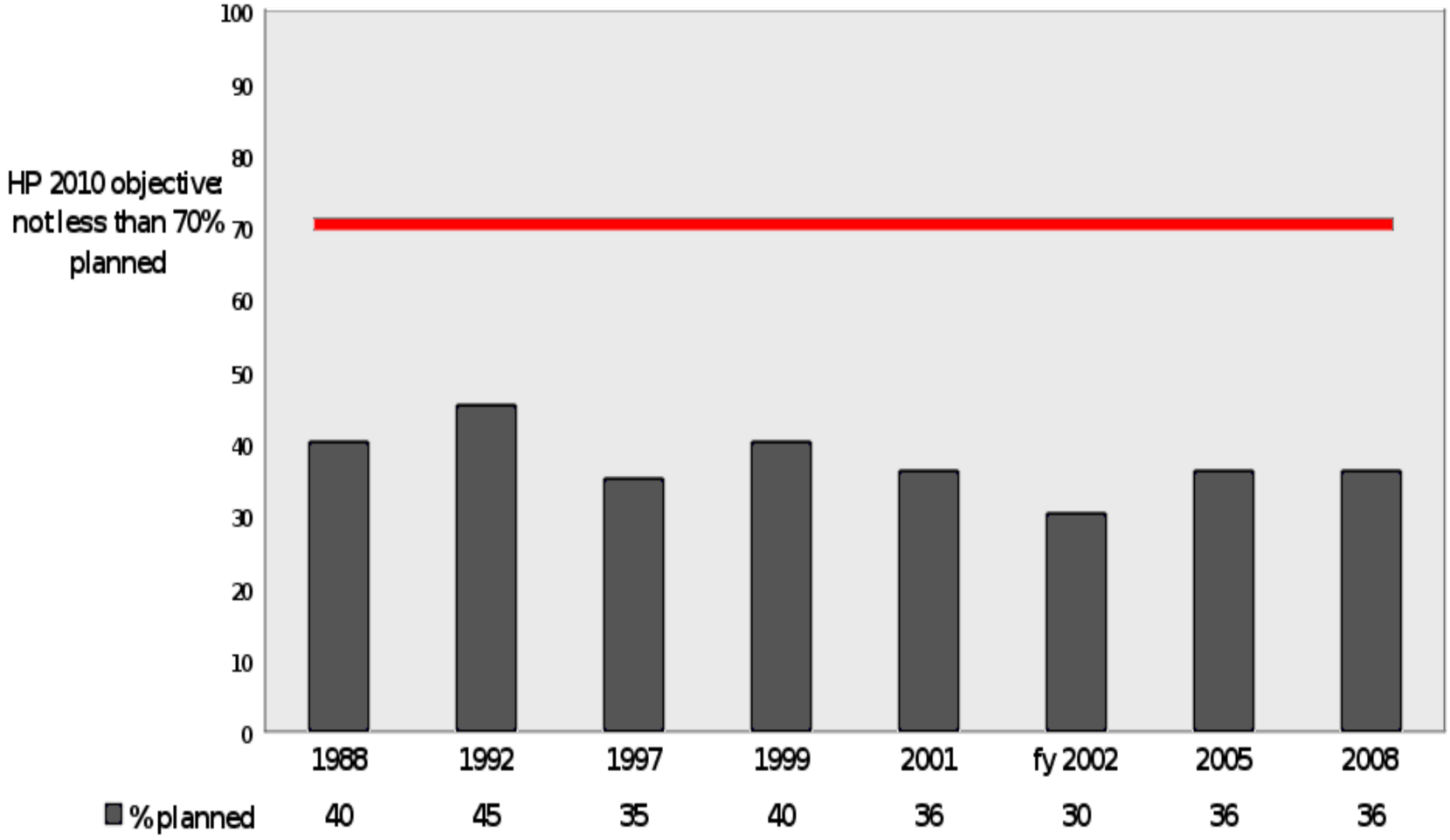
Unplanned Pregnancy in the Navy

(2002 Navy Pregnancy and Parenting Survey, NPRST, unpublished as of 12 Apr 2004)

- In 2008, **64%** of pregnancies among surveyed enlisted active duty Navy women were unplanned

Percent of Pregnancies Among Navy Enlisted Women Which Were Planned

(sources: Navy Pregnancy and Parenting Surveys: NPRDC 1996, 1998; and NPRST 2001, 2002, 2004, 2006, 2008)

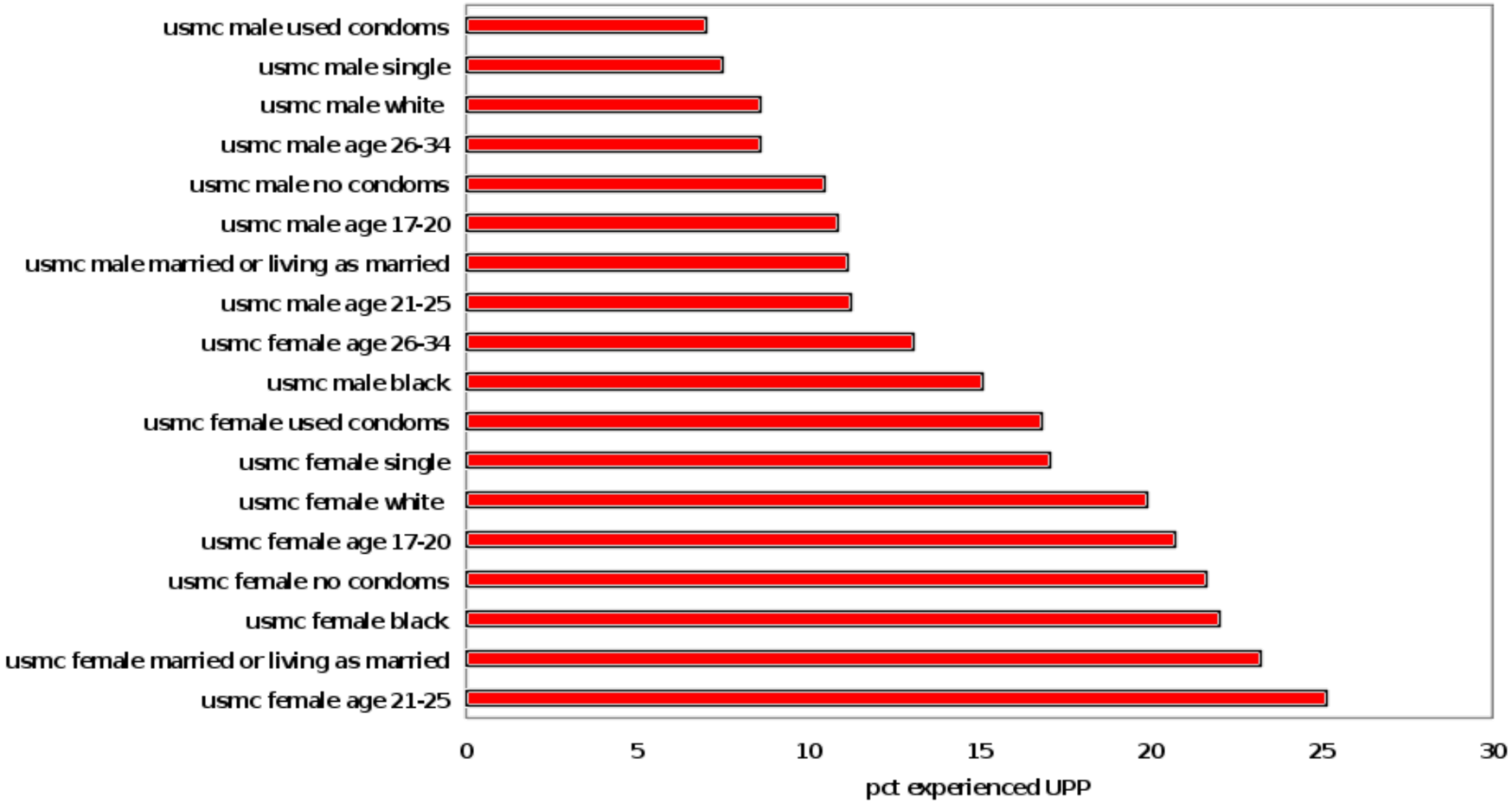


In 2008, among married and unmarried marines aged 21-25, approximately 1 in 10 males (11.25%) and 1 in 4 females (25.15% - highest in DoD) said they experienced an unplanned pregnancy in the past 12 months.

Navy and Marine Corps Public Health Center

Experienced an Unplanned Pregnancy (UPP) in the Previous 12 Months - Marines - 2008

Source: Bray et al (2008). DoD Survey of Health Related Behaviors Among Military Personnel

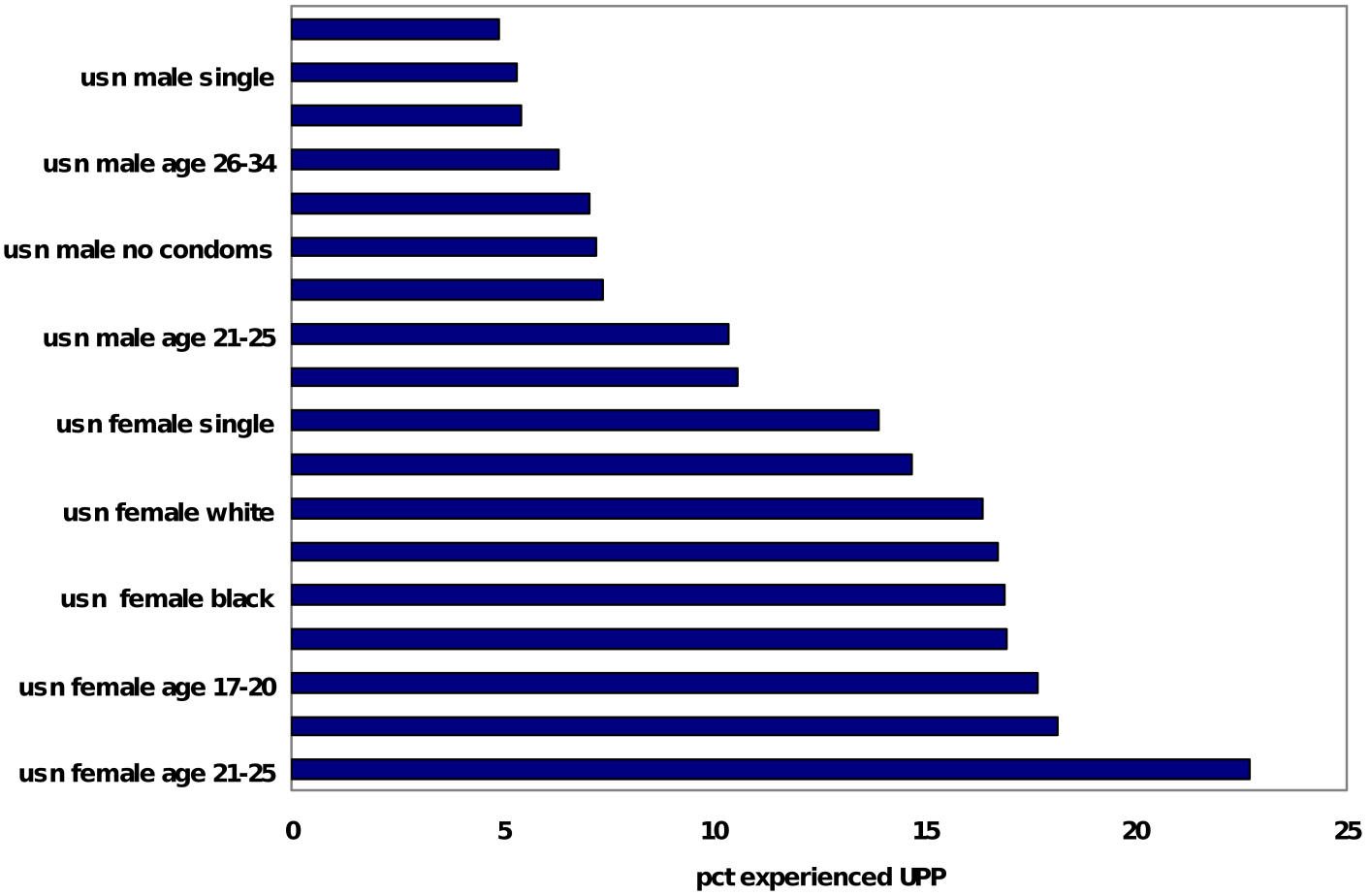


In 2008, among married and unmarried female sailors aged 21-25, over 1 in 5 (22.68%) said they experienced an unplanned pregnancy in the past 12 months.

Navy and Marine Corps Public Health Center

Experienced an Unplanned Pregnancy (UPP) in the Previous 12 Months - Sailors - 2008

Source: Bray et al (2008). DoD Survey of Health Related Behaviors Among Military Personnel



Attitudes…

- 60% of surveyed female sailors and 67% of males said “I have had sex without using birth control even though I didn’t want to father a child/get pregnant”
- 35% of surveyed female sailors and 64% of males said “I would have sex without birth control if my partner wanted me to”.
- 15% of surveyed female sailors and 35% of males said “When birth control is not available, I believe you just have to take a chance and hope that a pregnancy does not result”

Naval Personnel Research, Technology and Studies (2006). 2005 Pregnancy and Parenthood Survey. NPRST, Millington TN

Unplanned Pregnancy in the Navy

(TR-98-6, Sep 98, Navy Personnel Research and Development Center, San Diego)

- Why Navy Women Who Had Unplanned Pregnancies in 1997 Did Not Use Birth Control

  "Rhythm method or withdrawal work well enough" **29%**

  "I am not sexually active" **24%**

  "I (or my partner) have been sterilized" 5%

  "I (or my partner) am not fertile" 2%

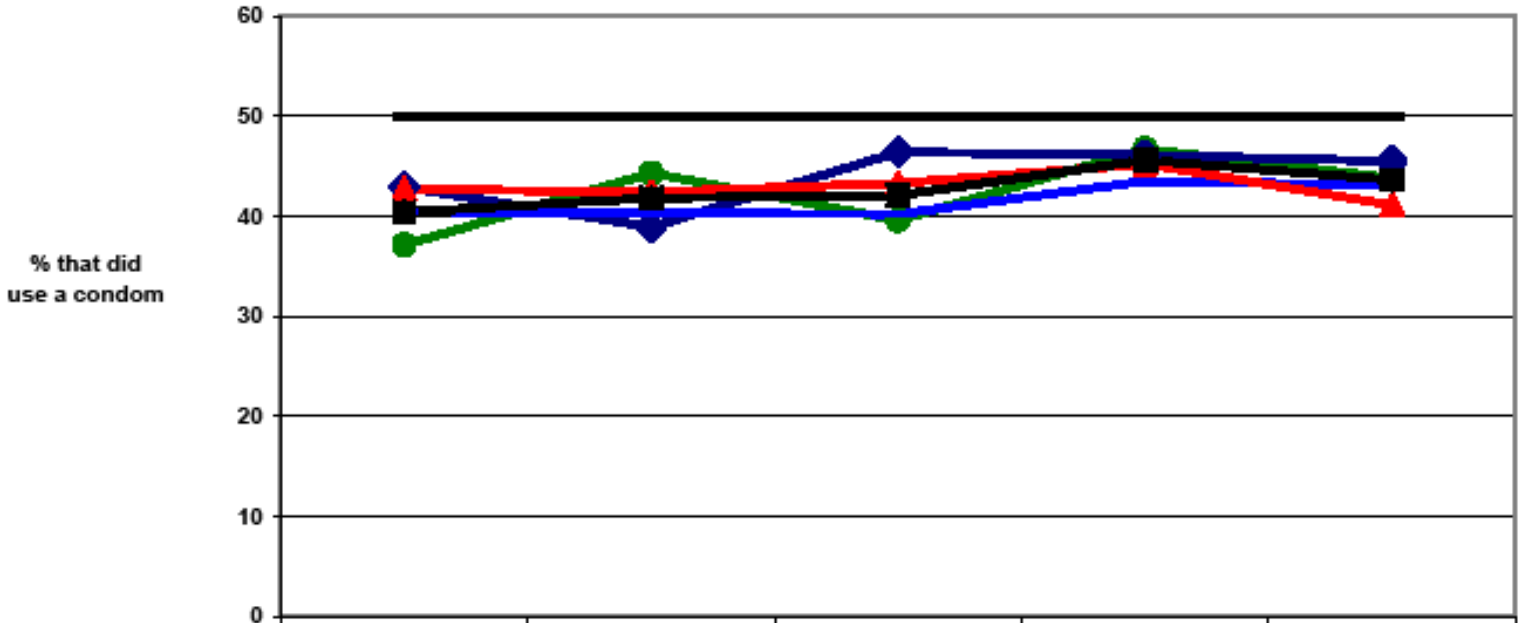
  Religious beliefs 2%

  Other reason **38%**

Navy and Marine Corps Public Health Center - Sexual Health and Responsibility Program (SHARP)

Condom Use at Last Sexual Encounter Among Unmarried Active Duty Members

(Bray, et al. "DoD Survey of Health Related Behaviors Among Military Personnel, 2008")

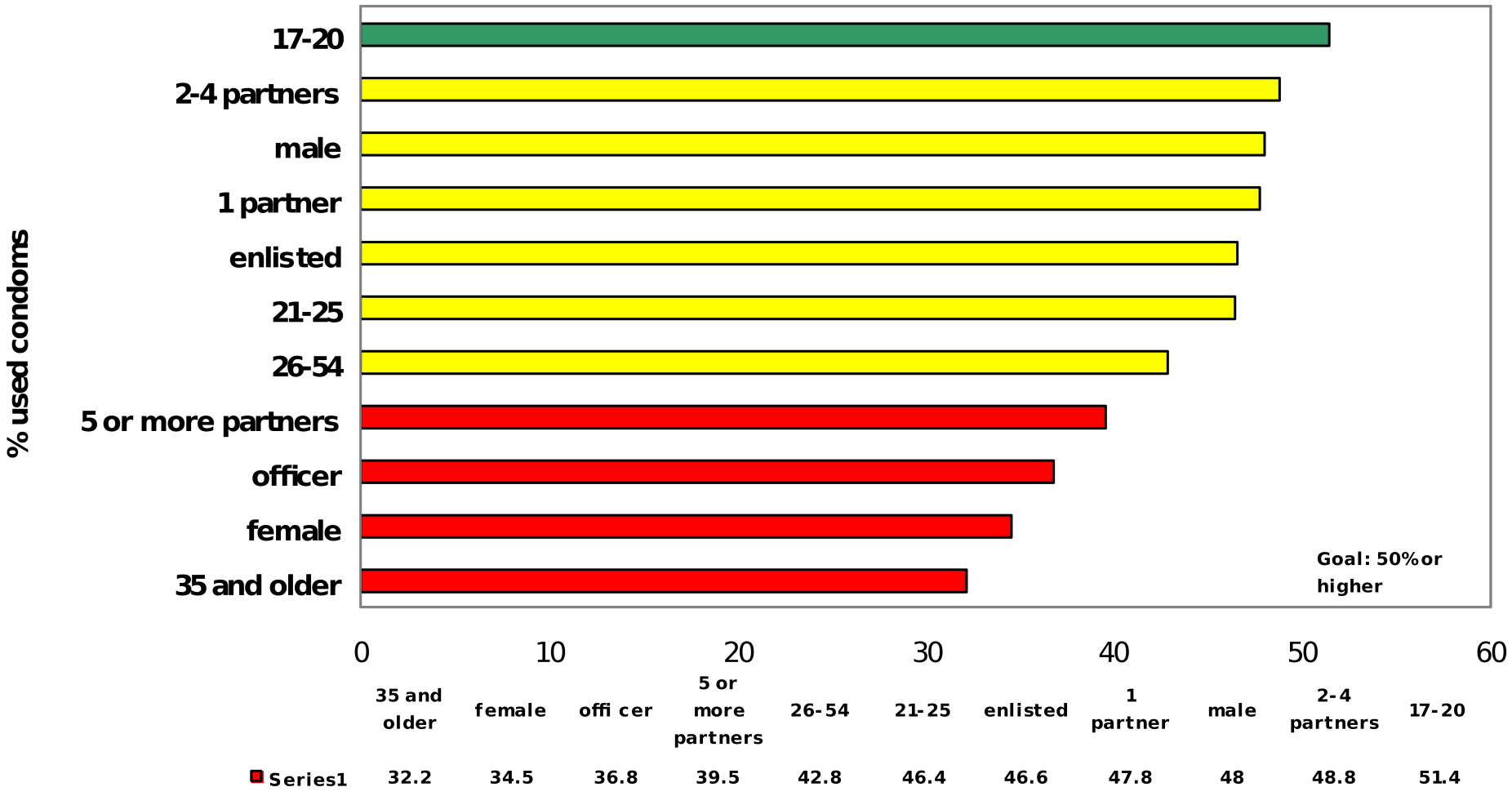


	1995	1998	2002	2005	2008
Army	37.1	44.3	39.6	46.7	43.8
Navy	42.9	38.9	46.4	46.1	45.5
USAF	40.5	40.3	40.2	43.5	43.1
USMC	42.7	42.4	43.3	45.2	41.1
DoD	40.4	41.8	42.1	45.6	43.6
HP2010 Objective	50	50	50	50	50

Navy and Marine Corps Public Health Center

Condom Use at Last Sexual Encounter by Unmarried Active Duty SAILORS, 2008

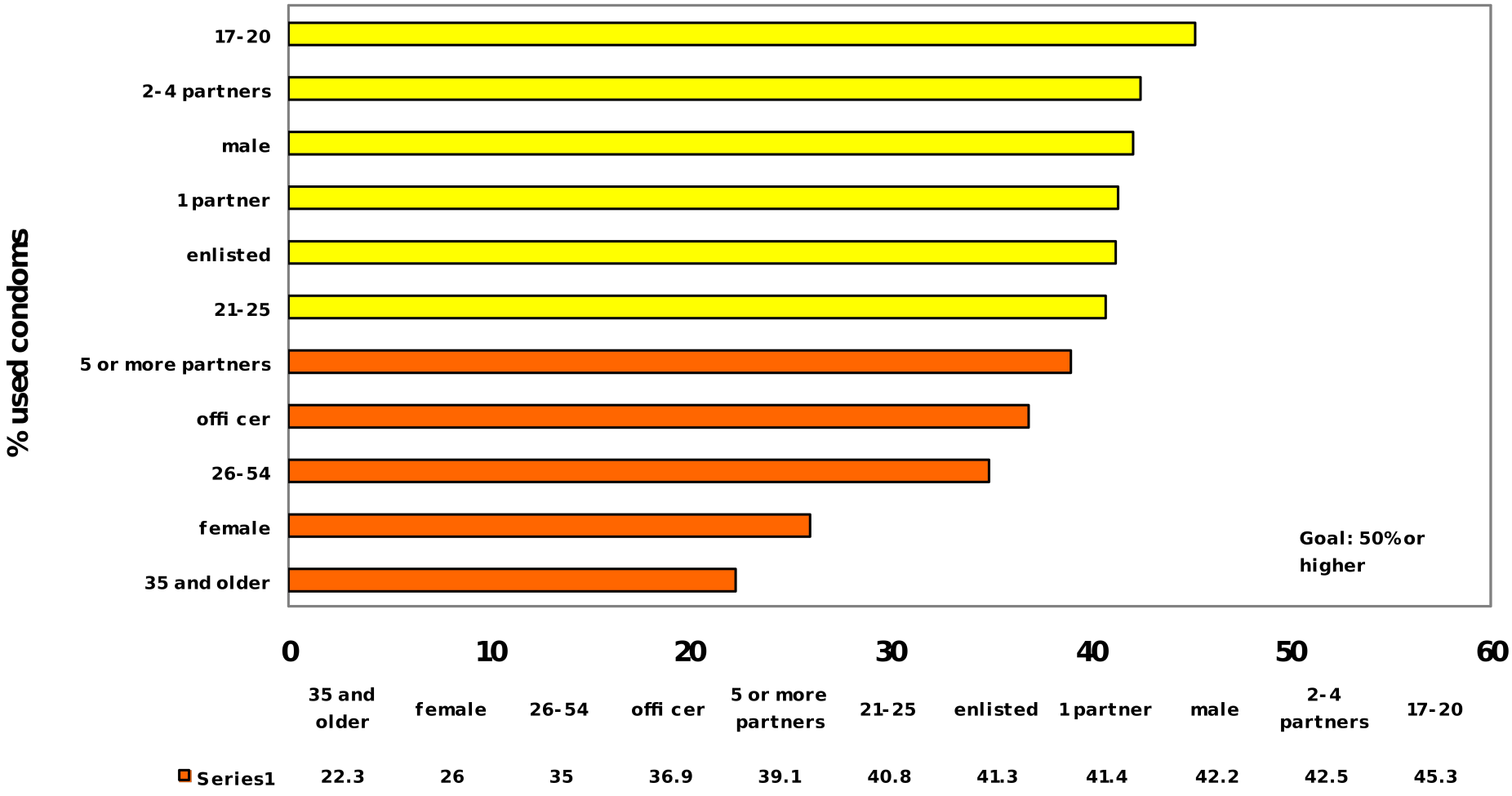
Source: Bray et al (2008). DoD Survey of Health Related Behavior Among Military Personnel



Navy and Marine Corps Public Health Center

Condom Use at Last Sexual Encounter by Unmarried MARINES, 2008

Source: Bray et al (2008) DoD Survey of Health Related Behaviors, 2008

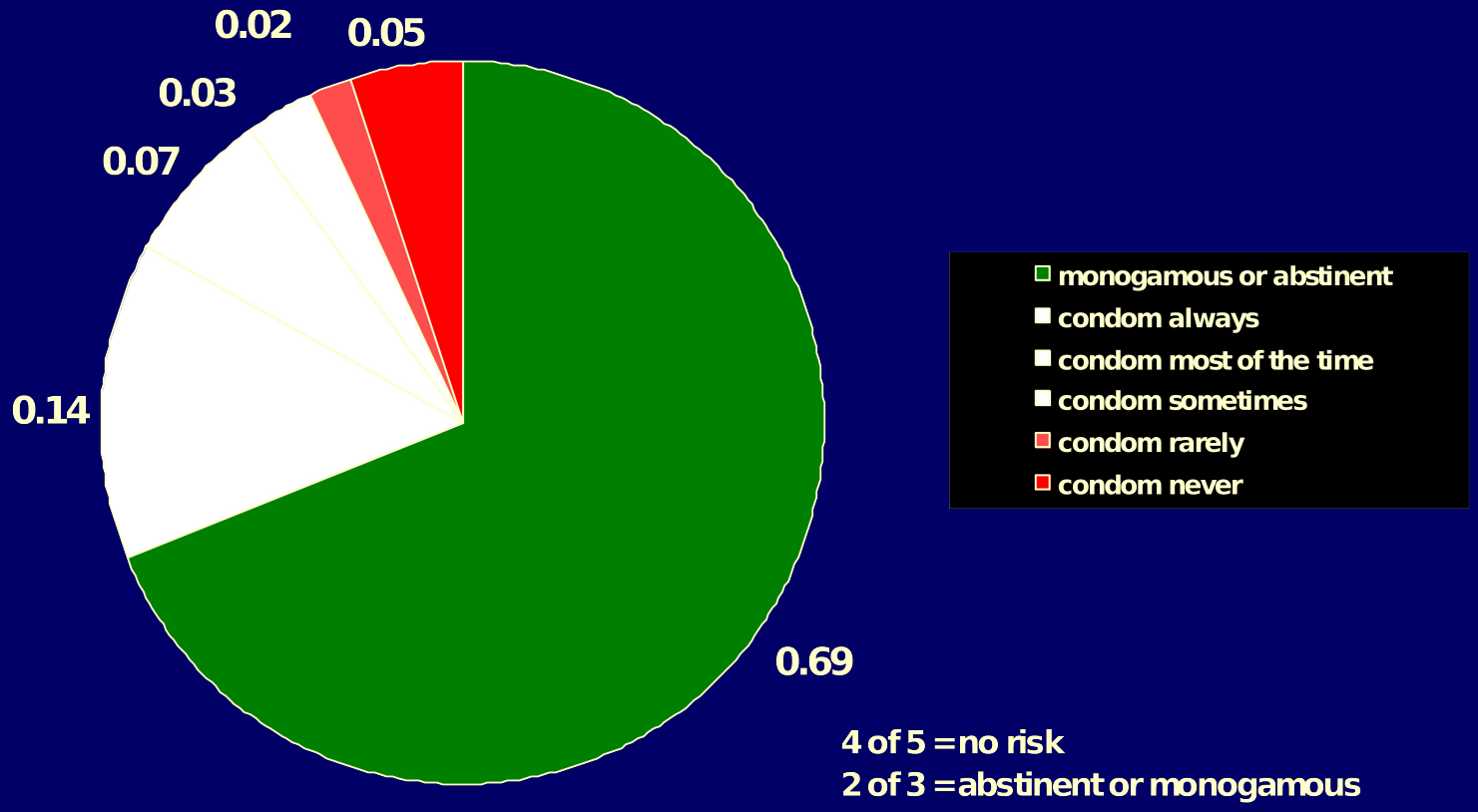


Navy and Marine Corps Public Health Center

Navy Females (married and unmarried)

Self-Reported Health Risk Assessment Data; 1 July 2007 - 30 June 2008

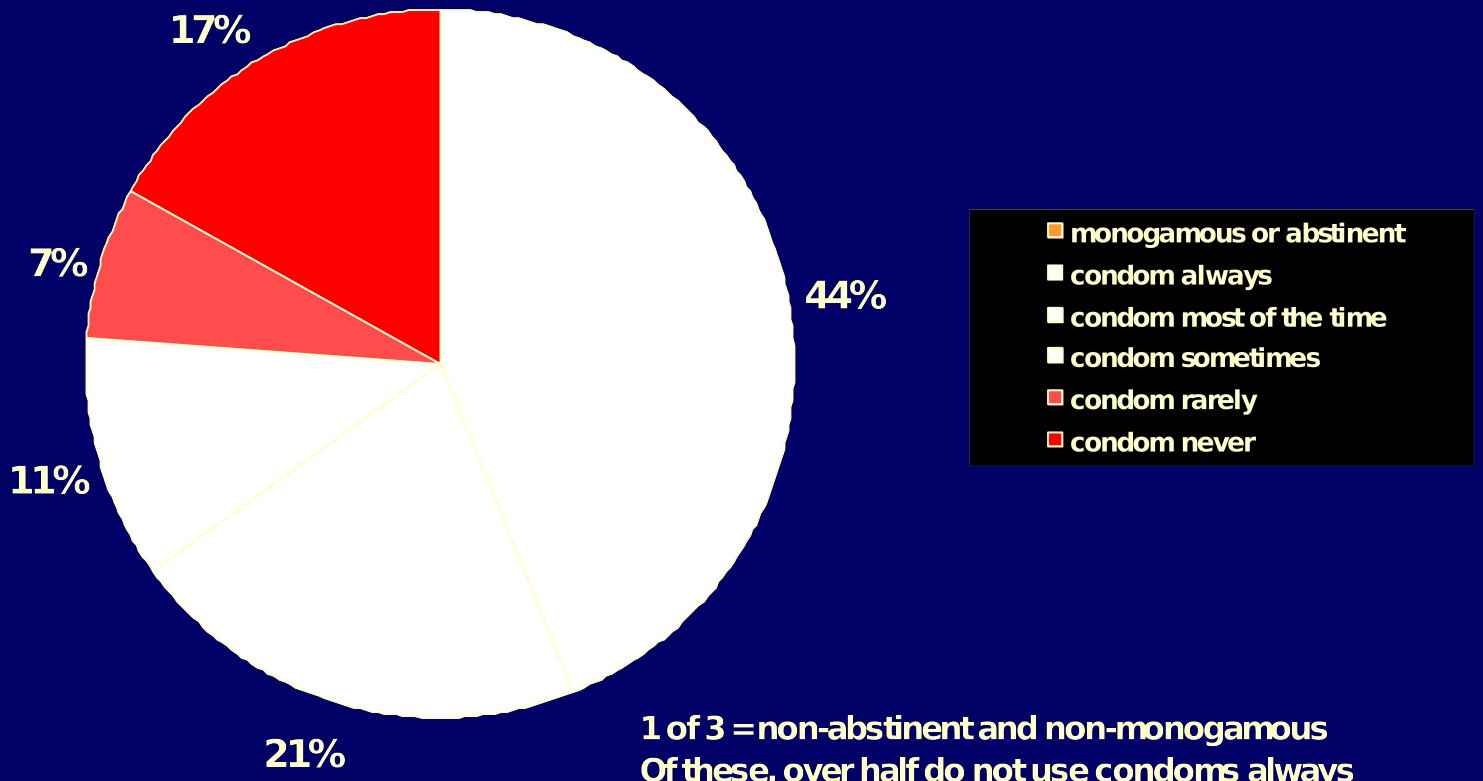
(n=12,279)



4 of 5 = no risk

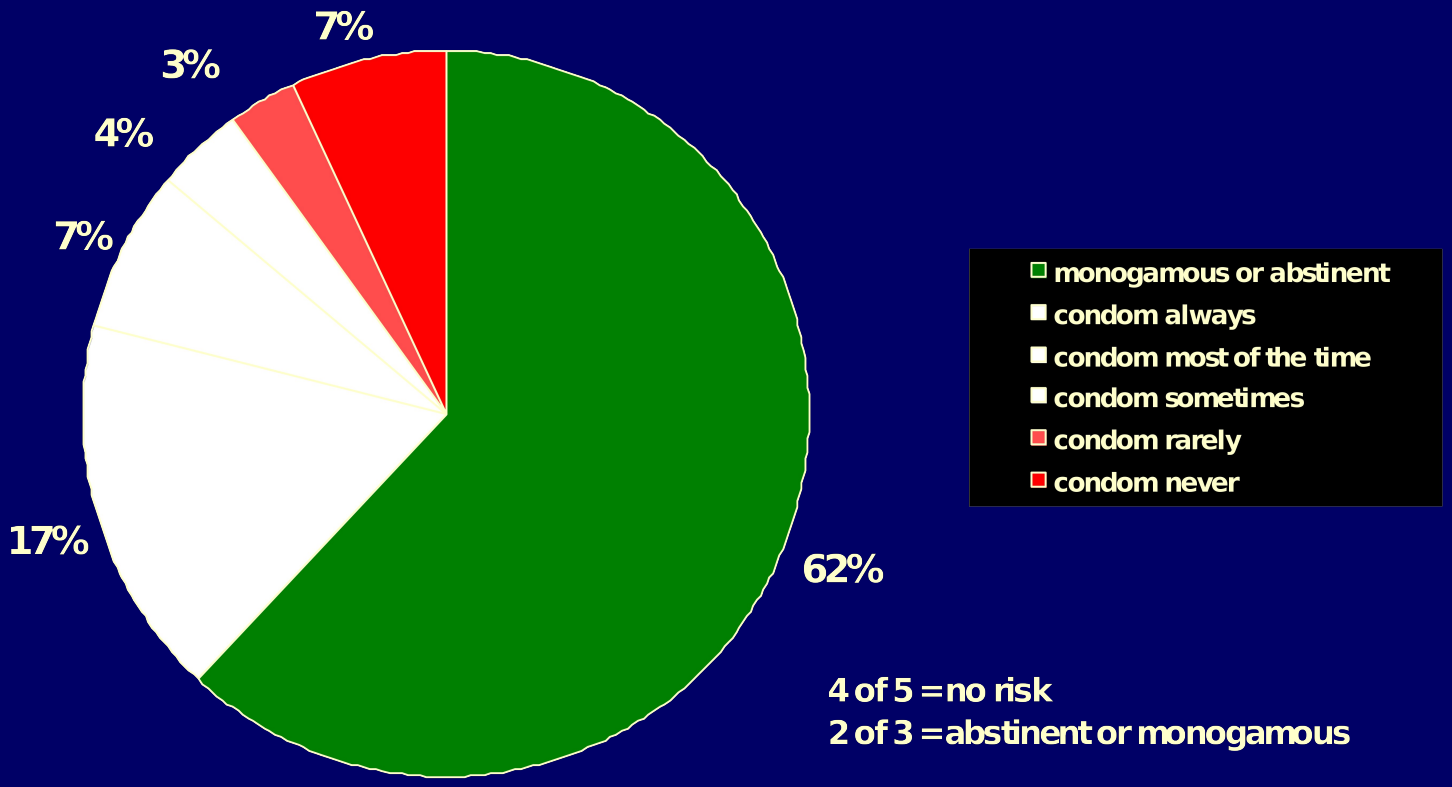
2 of 3 = abstinent or monogamous

Navy and Marine Corps Public Health Center
Navy Females (non-monogamous and non-abstinent)
Self-Reported Health Risk Assessment Data; 1 July 2007 - 30 June 2008
(n=3,859)



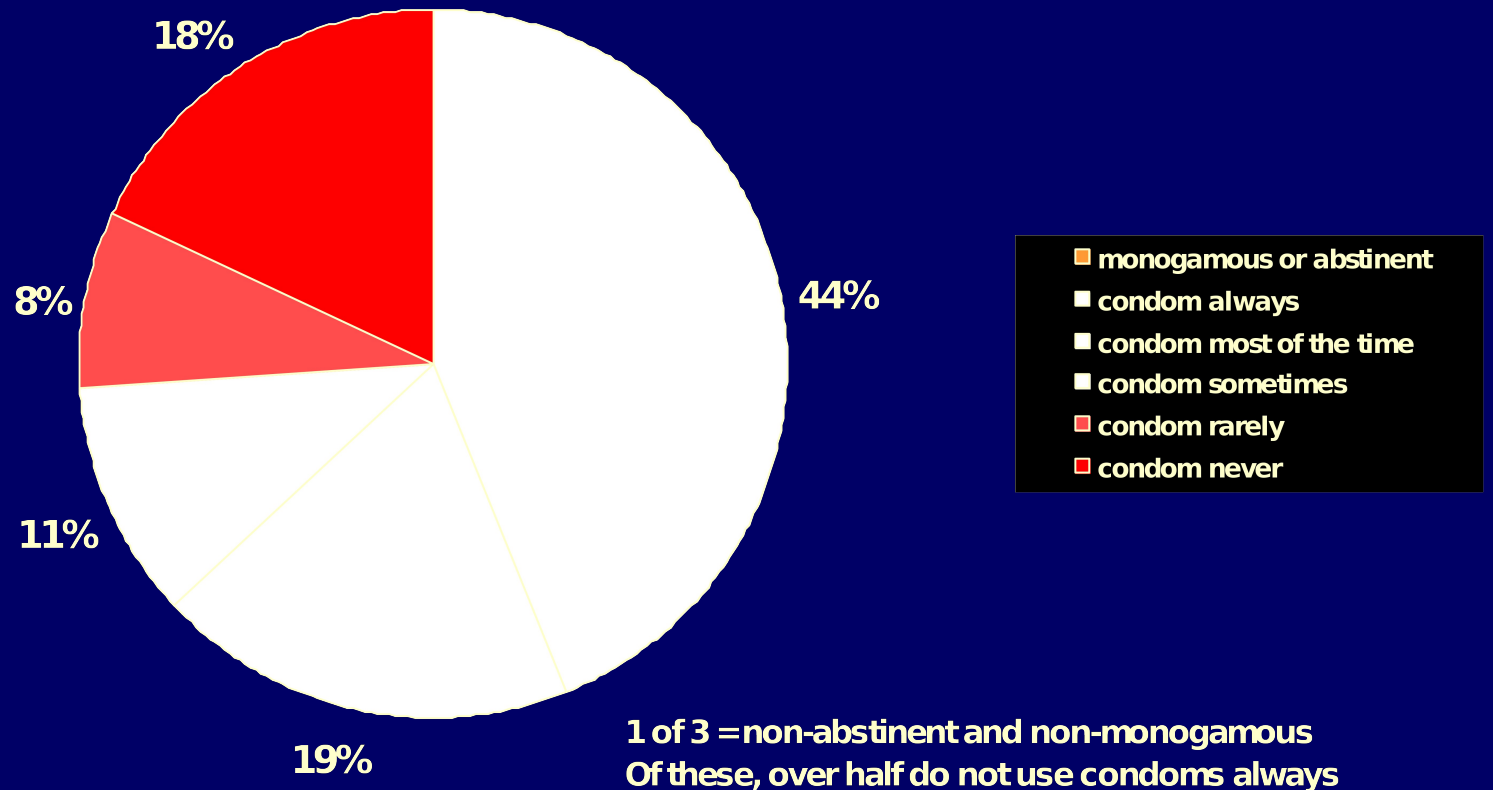
1 of 3 = non-abstinent and non-monogamous
Of these, over half do not use condoms always

Navy and Marine Corps Public Health Center
Navy Males (married and unmarried)
Self-Reported Health Risk Assessment Data; 1 July 2007 - 30 June 2008
(n=46,348)



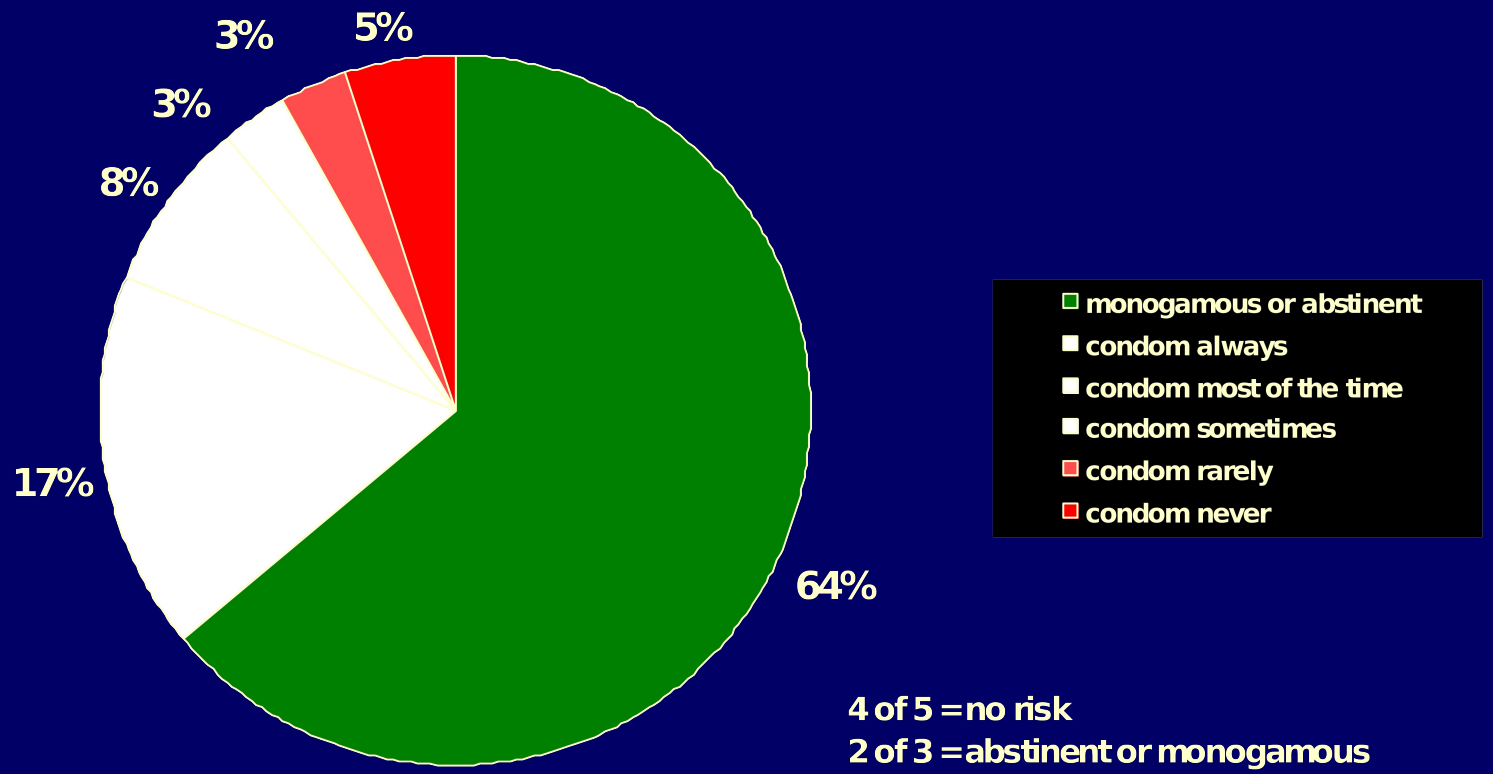
4 of 5 = no risk
2 of 3 = abstinent or monogamous

Navy and Marine Corps Public Health Center
Navy Males (non-monogamous and non-abstinent)
Self-Reported Health Risk Assessment Data; 1 July 2007 - 30 June 2008
(n=17,253)



1 of 3 = non-abstinent and non-monogamous
Of these, over half do not use condoms always

Navy and Marine Corps Public Health Center
Marine Corps Females (married and unmarried)
Self-Reported Health Risk Assessment Data; 1 July 2007 - 30 June 2008
(n=1,150)

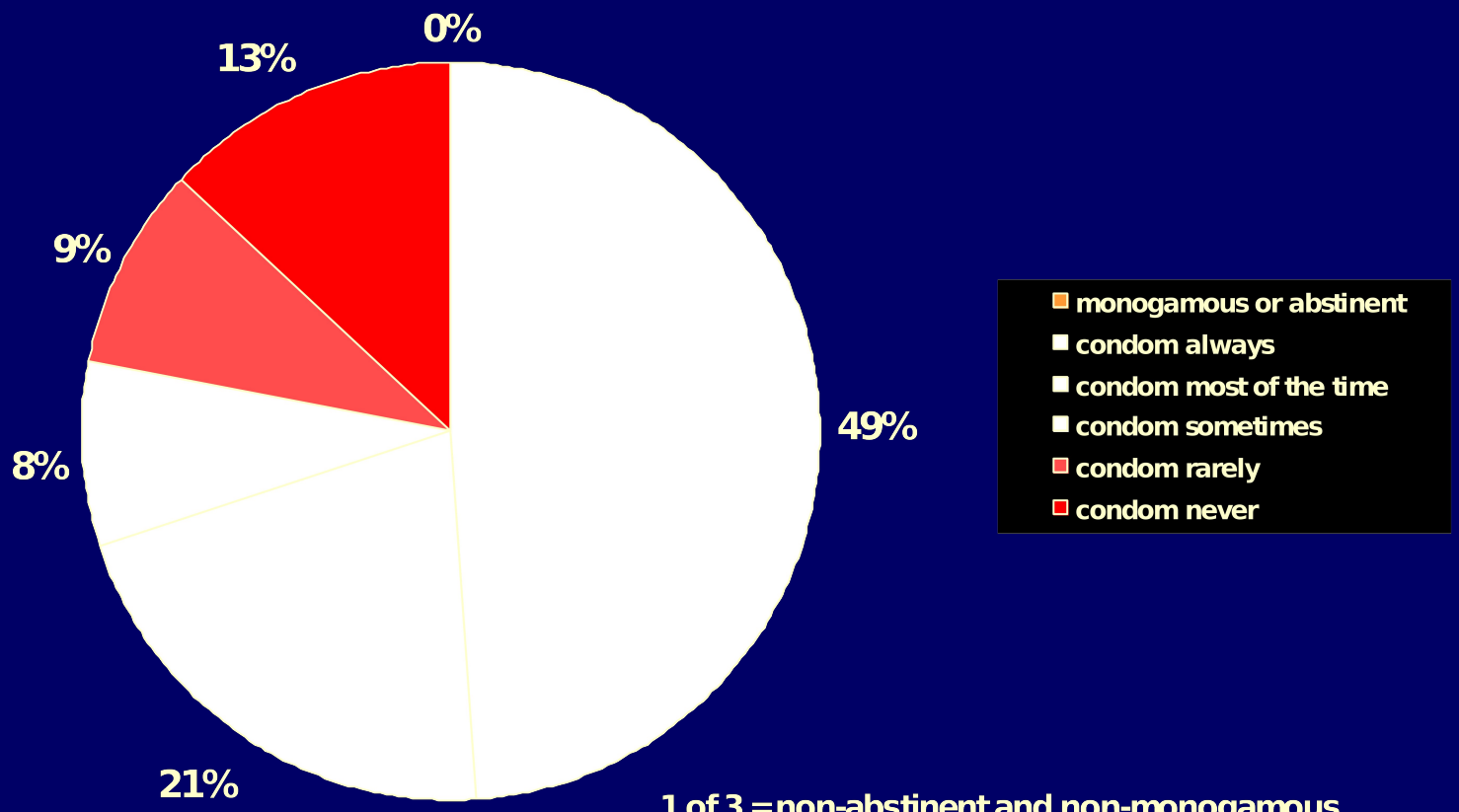


4 of 5 = no risk
2 of 3 = abstinent or monogamous

Navy and Marine Corps Public Health Center

Marine Corps Females (non-monogamous and non-abstinent)

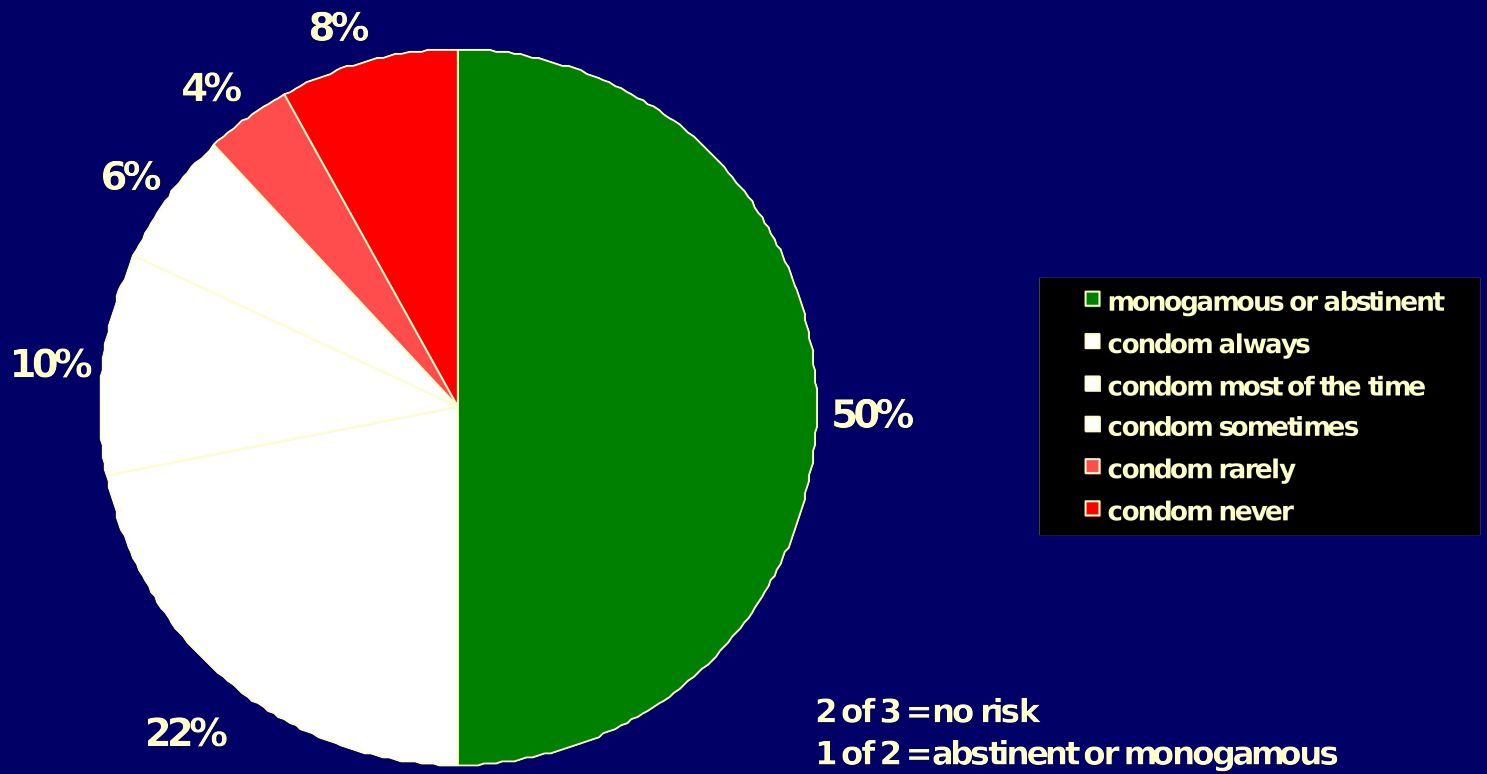
Self-Reported Health Risk Assessment Data; 1 July 2007 - 30 June 2008 (n=410)



1 of 3 = non-abstinent and non-monogamous

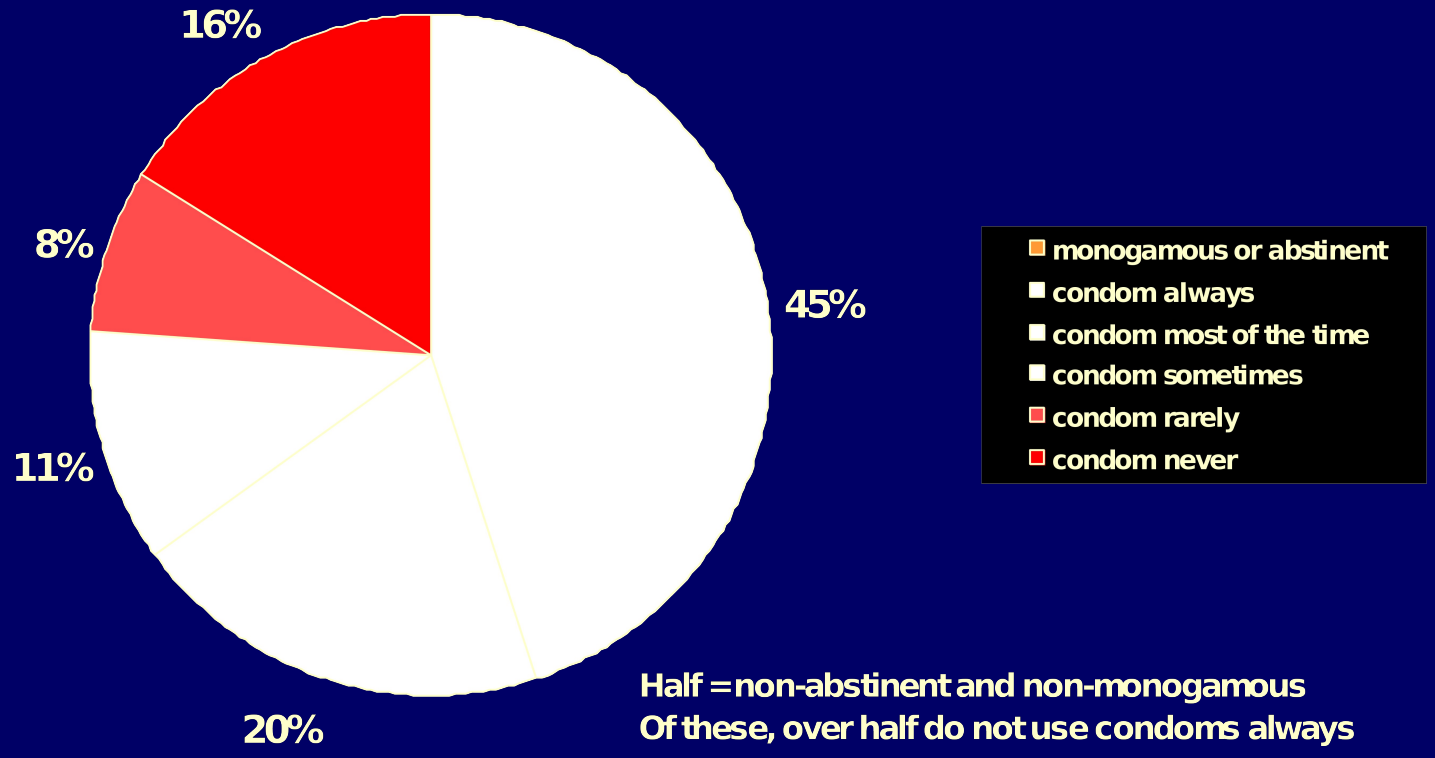
Of these, over half do not use condoms always

Navy and Marine Corps Public Health Center
Marine Corps Males (married and unmarried)
Self-Reported Health Risk Assessment Data; 1 July 2007 - 30 June 2008
(n=14,164)



2 of 3 = no risk
1 of 2 = abstinent or monogamous

Navy and Marine Corps Public Health Center
Marine Corps Males (non-monogamous and non-abstinent)
Self-Reported Health Risk Assessment Data; 1 July 2007 - 30 June 2008
(n=6981)



Half = non-abstinent and non-monogamous
Of these, over half do not use condoms always

Other Risk Behavior – Paying for Sex

- Trading money or drugs for sex is high risk
- What % of Sailors and Marines said they paid for sex during a 6-month deployment
  - Enlisted?
  - Officer?

(study period 1989-1991)

Why Ask About Sex?

- Sailors and Marines do
  - become infected with HIV and other STIs
  - experience unplanned pregnancies
  - not usually wear a condom
  - not always use condoms correctly
  - sometimes pay for sex
- Your patients can benefit from a risk assessment and discussion
- Clinician benefits from knowing patients sexual history when interpreting Ct results

National Objectives – HP 2010

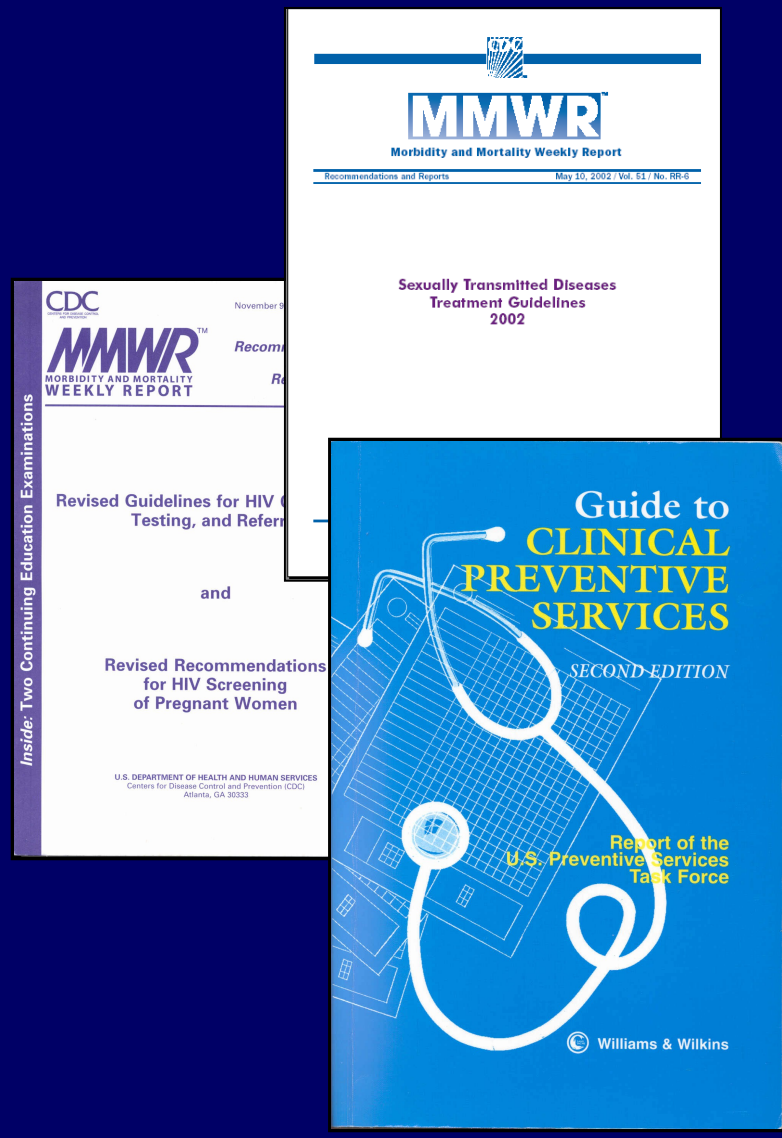
- 9-6c. Increase the proportion of unmarried males aged 15-24 years receiving advice or counseling from a doctor or other medical care provider about using methods of birth control, including condoms
- 1-3c. Increase the proportion of persons appropriately counseled about unintended pregnancy (females aged 15 to 44 years)
- 1-3g. Increase the proportion of persons appropriately counseled about prevention of sexually transmitted diseases (males aged 15 to 49 years; females aged 15 to 44 years)

US Preventive Services Taskforce Recommendation

- The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.

Recommendations

- HP 2010
- USPSTF - Guide to Clinical Preventive Services
- CDC STI Treatment Guidelines
- CDC HIV Prevention Counseling Guidelines
- SECNAV 6120.3 (PHA)
- BUMED Letter 3[illegible] Nov 2007 - “Dear Doctor”



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Adobe Acrobat Document

Recommendations of others

- The **American Academy of Family Physicians** recommends counseling adolescents and adults on the risks for sexually transmitted diseases and how to prevent them.
- The **American Academy of Pediatrics** does not have a specific recommendation regarding behavioral counseling to prevent STIs; however, in related recommendation statements, they recommend counseling for adolescents regarding abstinence and the importance of barrier contraceptives.
- The **American College of Obstetricians and Gynecologists** recommends counseling all women regarding partner selection and use of barrier contraception to prevent STIs. In addition, they recommend counseling female adolescents about what constitutes responsible, consensual sexual behavior and that abstinence from sexual intercourse is the only definitive way to prevent pregnancy and STIs.
- The **American Medical Association** encourages all physicians to educate their patients about sexually transmitted diseases and proper condom use

Realities…

1. **True or False - Most adult patients are not asked about their sexual health during routine visits with their health care provider.**
2. **According to a 2000 survey reported in the AmJ of PrevMed (Vol 18, No 12), <u>what percentage</u> of adults who had a routine check-up in the past year reported being asked about STIs**

Topics asked during routine check-ups

within the past year, U.S. adults, aged 18-64
1994 National Health Interview Survey - Am J Prev Med 2000;18(2):109-114)

Topic	% patients asked
• Smoking	58.7
• Physical exercise	52.3
• Alcohol	49.3
• Diet	43.8
• Contraceptives (aged 18-50)	36.1
• Illegal drugs	31.3
• **STIs**	**27.9**

single: 33.9
married: 24.1
aged 18-24: 38.4

Barriers to Effective Counseling

- Lack of training in sexual risk behavior counseling
- Lack of time
- Perception of non-relevance
- Physician embarrassment
- Fear of offending the patient

Your patient wants to talk…

- Clinician Barrier: fear of offending the patient
- Patient Barrier: waiting for clinician to ask…

“Risk” defined…

- All sexually active adolescents
- Adult with STI (current or in the past year)
- Adult with more than 1 “current” sexual partner
  - (i.e. sexual relationships outside a monogamous relationship)

ALSO Consider…

- Not wanting pregnancy but no current contraception.
- More than 1 recent sex partner (past 3 months).
- New partner in past 3 months.
- Sex partner who may have an STI.
- Exchange of sex for money or drugs.

What to talk about – the 5 "P"s

- **P**regnancy: What is your family plan?
- **P**artners:
  - How many partners?
  - Type of partners (steady, casual, commercial sex)
- **P**ractices:
  - "What are you doing in your life…"
  - HIV doc: "Which areas should I swab?"
  - What kind of sex? vaginal, oral, anal (receptive/insertive)
  - How do drugs / etoh influence sexual activity?
- **P**rotection
  - STIs: Use of latex barriers? Consistent? / Correct?
  - Pregnancy: other contraceptives? Consistent? / Correct?
- **P**ast:
  - STIs in the past?
  - Current / chronic STIs / HIV?

Risk-Reduction Recommendations

- **A**bstinence
- **B**e Faithful (Monogamy)
- Non-penetration (Outercourse)
- **C**ondoms and other barriers
- **D**ecrease number of partners
- **E**vade high risk
  - Partners
  - situations

Why people say they didn’t use condoms…

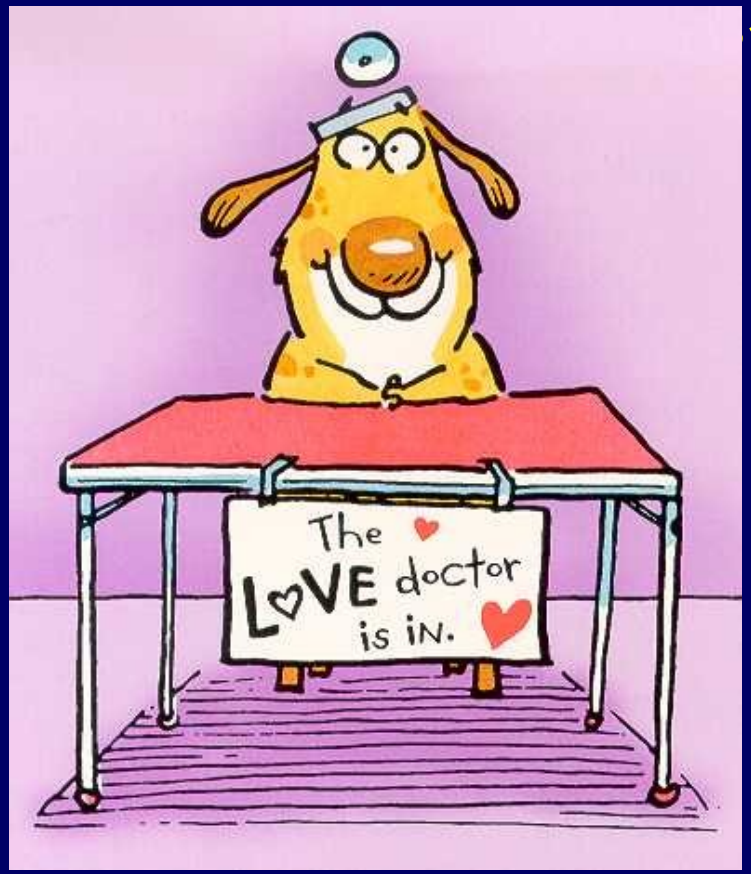
Correct

and

Consistent

Clinical Preventive Services in action (or "Putting Prevention Into ")

- A Brief Clinical Intervention



Project Respect

- Theoretically Based
  - Theory of Reasoned Action
  - Social Cognitive Theory
- Reduce Re-infection rate by 30%
- Significantly increased condom use

Counseling Concepts

1. Focus on Feelings
2. Manage your own Discomfort
3. Set Boundaries

Counseling Skills

1. Open Ended Questions
2. Attending
3. Offer Options, Not Directives
4. Give Information Simply

Six Steps of Prevention Counseling

1. Introduction and Orientation
2. Identify patient Risk Behaviors and Circumstances
3. Identify Safer Goal Behavior
4. Develop a Personal Action Plan
5. Make Effective Referrals
6. Summarize and Close

1. Introduction and Orientation

Describe the purpose and duration of the session and respective roles.

"Now that we've taken care of your (chief complaint), we have a couple minutes we can spend talking about keeping you healthy. Let me ask about your sexual health. – about how many people have you had sex with over the past 6 months?

"When was your last HIV test / Ct test?"

"Are you planning to have children?"

"On any meds or b/c?"

"Are you sexually active?"

2. Identify Patient Risk Behavior and Circumstances

With the patient, identify specific behaviors, situations, and partner encounters that place him or her at risk.

3. Identify Safer Goal Behavior(s)

Identify specific actions that directly prevent or greatly reduce STI transmission which the patient is willing and able to try to adopt.

Example of Safer Goal: use condoms each and every time he/she has sex (if not in a monogamous relationship)

4. Develop a Personal Action Plan

Identify concrete, incremental steps the patient can take to achieve the goal behavior(s).

Example of steps: carry condoms whenever going out, don't get drunk, learn to negotiate condom use with partner

Scenario: William

Background: Single, 30 year-old Marine. Concerned about symptoms and "special" woman. Buddies concerned he's "out of control".

Risk Behavior: Unprotected vaginal and oral sex with multiple partners.

Circumstances: Sex with anonymous partners while TAD, drinking. Sometimes pays for sex. Sex with "special" woman at home.

Previous Successes: Has used condoms in past with when partner "just put it on".

Safer Goal Behavior: Wants monogamy with "special" woman or condom use if this intention fails.

Barriers

Doesn’t like condoms (lowers sensitivity / ruins the mood).

-What could William do?

-What could the provider do to support William?

Barriers

Wouldn’t know how to bring up condom use – little experience.

-What could William do?

-What could the provider do to support William?

Barriers

Wouldn’t want to lose sex partners because they don’t like them.

-What could William do?

-What could the provider do to support William?

Barriers

Doesn’t want to give up sex while deployed – too long to wait.

-What could William do?

-What could the provider do to support William?

Barriers

Alcohol sometimes takes over – loses control.

-What could William do?

-What could the provider do to support William?

Benefits

-Would not have to worry about infecting his special woman or about losing her by getting caught.

-Would not have to “pay” for sex anymore

-Would avoid getting HIV and affecting his career.

What could William do?

What could the provider do to support him?

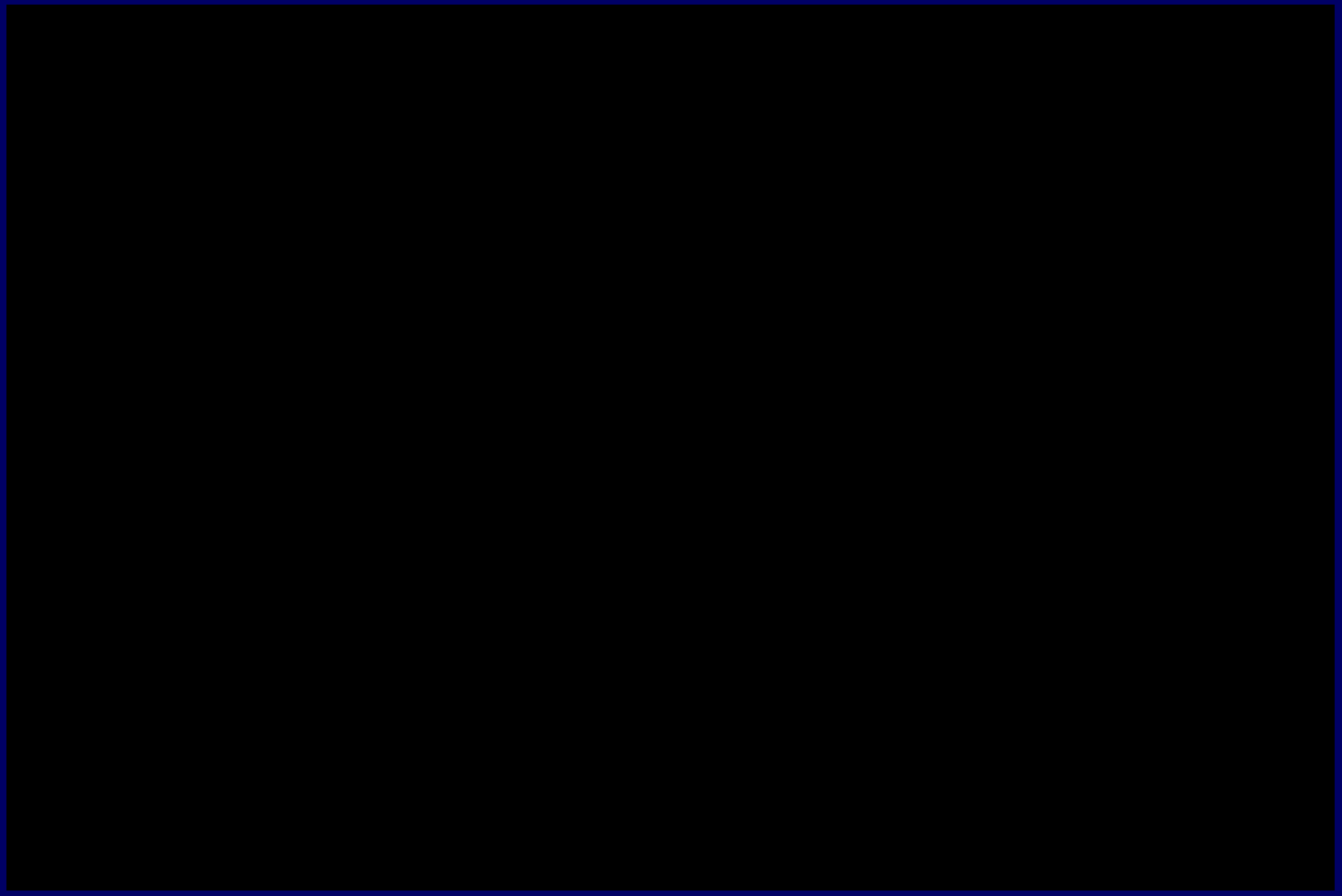
5. Make Effective Referrals

Providers need to be familiar with other services and sources of help to assist patients with other needs or to provide more extensive assistance.

6. Summarize and Close

A supportive, concise statement that briefly describes what has been discussed and restates the commitment for risk reduction, referrals, and next steps.

Demonstration



Conclusion

1. Sexual risk assessment of every adult and adolescent patient is recommended by CDC, USPSTF, DoD, and DoN
2. Sailors and Marines
   - engage in risk-taking behavior
   - need to hear your risk assessment
   - want to talk to you about sex and AIDS
   - can adopt safer behaviors with your patient-centered help
3. You have trained referral help (PMTs, some IDCs)

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